

LOCATION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JA		10-17-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TR	1112	11/16/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/12/02
2	✓	✓	10/12/02
3	✓	✓	10/12/02
4	✓	✓	10/12/02
5	✓	✓	10/12/02
6	✓	✓	10/12/02
7	✓	✓	10/12/02
8	✓	✓	10/12/02
9	✓	✓	10/12/02
10	✓	✓	10/12/02
11	✓	✓	10/12/02
12	✓	✓	10/12/02
13	✓	✓	10/12/02
14	✓	✓	10/12/02
15	✓	✓	10/12/02
16	✓	✓	10/12/02
17	✓	✓	10/12/02
18	✓	✓	10/12/02
19	✓	✓	10/12/02
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25	✓	✓	10/12/02
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28	✓	✓	10/12/02
29	✓	✓	10/12/02
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46	✓	✓	10/12/02
47	✓	✓	10/12/02
48	✓	✓	10/12/02
49	✓	✓	10/12/02
50	✓	✓	10/12/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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3-23  
11/16